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FILED OCT 24 1941

State File No.

Registration District No.

Primary Registration District No. 200.

Registrar's No. 276

1. PLACE OF DEATH:

(a) County ADAIR
(b) City or town GIBBS
(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

3. (a) PRINT FULL NAME DEWITT C GIBBS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ella Gibbs 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Apr. 5 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Gibbs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General store

12. Name Alvin Gibbs

13. Birthplace N.J.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sarabian

15. Birthplace N.J.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Gibbs

(b) Address Gibbs, Mo.

17. (a) Funeral (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Foster R. Ensey

(b) Address Brushy, Mo.

19. (a) Oct 4, 1941 (b) Spencer L. Deemer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR 001
(c) City or town GIBBS 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1941 hour 5 minute 10 A. M.

21. I hereby certify that I attended the deceased from Sept. 23, 1941 to Sept 30, 1941.
that I last saw him alive on Sept 30, 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____
Due to General hardening of the walls of the heart C. W. H.

Due to _____
Other conditions predominant Dysentery
(Include pregnancy within 3 months of death)

Major findings: Of operations 83a!
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 01

23. Signature Wm. W. Klebber (M.D. or other) W. W. Klebber
Address Smallwood, Mo. Date signed 10/2/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 10-41-1880

Date Filed OCT. 17 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Foster P. Easley

Signed.....

Ger B. Casley Jr

License # 1146

Licensed Embalmer No. 3755

Brusher no.

P.O. Address Surdan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.